

Order form For ILTCIP Materials

Please make check payable to Department of Insurance (DOI)

Send the check and this completed form to:

**Pam Atherton
Indiana Department of Insurance
Indiana Long Term Care Insurance Program
311 W. Washington St., 3rd Floor
Indianapolis, Indiana 46204**

Please print legibly.

Name _____

Mailing Address _____

City, State, Zip _____

Daytime Phone _____

Please send me _____ copies of the ILTCIP Video at \$8.50 each \$ Total _____
This 10-minute video, produced in October 2002, provides an
attractive general introduction to Long Term care insurance and the ILTCIP.

Please send me _____ of the ILTCIP Booklet at \$1.00 each, \$ Total _____
“What you should know about Long Term Care” is an easy-to-read
overview of ILTCIP and Long Term Care insurance. (01/04 edition)

Please send me _____ packs of the ILTCIP Brochure at \$7.50, \$ Total _____
(per pack of 50), “Your Peace of Mind,” Provides an overview of the ILTCIP
in a tri-fold brochure format. (02/03 edition)

Please send me _____ copies of the agent manual at \$7.00 each \$ Total _____
Contains ILTCIP, as well as regular LTC, regulations. (8/03 edition)

Please send me _____ copies of the Partnership Guide for Agents \$ Total _____
at \$6.50 each. Comprehensive guide with marketing ideas and examples
to aid in being a successful agent partner. (02/05 edition)

Please send me _____ packs of the “Your Future’s So Bright” brochure \$Total _____
at \$15.00 (per pack of 50). Bi-fold format geared to Baby-Boomers.
(09/03 edition)

Please send me _____ “Nursing Home, Resident with a spouse at Home” \$ Total _____
brochures (01/05) at .05 each – Explains the spousal impoverishment
protection law.

Grand Total \$ _____